

DAILY PROFESSIONAL LEAVE TRACKING SHEET

School: _____

Day/Date: _____

This form is to be submitted DAILY by each school office to Cindy Hair, District Office
Fax to 645-5609 by noon of the next business day OR send by internal-district next day am mail OR e-mail to chair@pcschools.us
If there is no professional leave, write "NONE" across the page and send in.

Name of Staff Member	Grade or Subject Taught	TITLE of Professional Leave Activity	# of Hours of Absence	Name of Substitute (enter "n/a" if none required)	Job Number	Account # Funding the Substitute (enter "n/a" if none required)	Name of Person Whose Account # It Is

Signature of Principal or designee reviewing this form: _____

Revised: July 27, 2009